

*Welcome to the April edition of our Community Networks Newsletter. The Networks have been working hard to consolidate and build on the work started in 2011.*

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The core community network teams are now fully constituted and up and



*Hilary Dover  
Locality Director  
Neath Port Talbot*

running and several initiatives are progressing well including pulmonary rehabilitation, consultant led community diabetes clinics, a heart failure pilot, community phlebotomy for housebound patients, enhancing partnership working with the voluntary sector, to name but a few.

I am pleased to welcome onboard Dr Andy Muir as Neath Network Clinical lead. He takes over from Dr Heather Wilkes who has done sterling work in setting up the network and initiating several of the ongoing network

projects. Our community networks are a crucial vehicle for taking forward ABMU's 'Changing for the Better' programme which is driving needed changes in services across the Health Board. The programme focuses on the following work streams:

- ◆ Staying healthy
- ◆ Unscheduled care
- ◆ Planned care
- ◆ Care for frail older people
- ◆ Services for people with long-term conditions
- ◆ Services for children and young people
- ◆ Maternity and services for the newborn

ABMU has set up a Primary Care and Community Services collaborative to enable the sharing of good practice, innovation and improvement. The CIIS team used the opportunity of the first collaborative meeting held on the 10th of April to showcase their IV antibiotics project. Their excellent work is helping

to keep people out of hospital and to facilitate the safe and early discharge of patients into the community.

A review of intermediate care services has been carried out between NPT locality and NPT County Borough Council as part of the 'Transforming Older People's Services project'. This has culminated in a new Community Resource Service model being developed which integrates several health and social care services and which has a single point of access. This new model will be piloted in the Afan network and if successful will be rolled out across NPT.

I hope that you will find this issue of the newsletter informative. Please remember that your views are important to us and that we would like to hear from you about issues you think the Networks should be picking up on.

# Upper Valleys Community Network

## How are we doing?



Chiranjib Ghosh  
Network Clinical Lead

*The core team of the network has come together for its first meeting and it was great to see a turn out from all of the GP Practices in the area, as well the Voluntary Sector and Social Services.*

The group met in the upper room of the Dulais Valley Primary Care Centre and discussed how it could come together to operate as a cohesive entity and also analysed a suggested list of priorities for 2012/13. There was the expected trepidation from members as to what the new concept of a community network is and what it means for people across the Upper Valleys area but that was soon replaced by enthusiastic discussion on the challenges ahead and how we can meet them. As we mentioned in the previous newsletter the core team has membership from each of the five GP practices in the Upper Valleys area, Social Services, Voluntary Sector and ABMU Health Board and will over time look to extend its membership to Police and Fire and Rescue

Service.

Discussion in the meeting centered on how to address some key priorities and take forward possible developments in the coming year. The roll out of the current pulmonary rehabilitation service is seen as a key challenge, given the need to identify potential sites for delivery of the programme and the need to continue it within current resources. Members of the Network will continue to look at the potential for increased points of access for patients to the service in areas such as Pontardawe and Ystalyfera. A recent workshop with Powys Health Board and the neighbouring Ystradgynlais Group Medical Practice also opened the way to investigate further cross border service development and to link the practice in with the work of the community network.

The interface between primary and secondary care and communication between GPs and Consultants was recognised as being a key area for development across Neath Port Talbot as well as amongst GP Practices in the Upper Valleys area. In order to identify specific areas for improvement the Locality Team has developed a questionnaire to be completed by GPs asking them where communication works well and where it could be improved, which will be distributed to practices shortly. The Community Network will also be key to taking forward the Quality and Performance Indicators (QPIs) for 2012/13, looking at how we can build on the work under-

taken to date and any new areas to be introduced.

Two further areas that the Network will look to explore are the use of the dermatology camera scheme to prevent patients having to travel to dermatology outpatients appointments; and linked social workers for practices, both of which were discussed at the core team meeting. These key service areas and challenges will form a work programme for the Upper Valleys Community Network Core Team which will continue to meet on a quarterly basis throughout the coming year.



Kevin Duff  
Network Planning Lead

The Network is also very excited about the development of a Primary Care Centre in the Vale of Neath to replace the existing facilities for the local practice. The development will provide up-to-date facilities and the opportunity to develop more service in that part of the Network.

If you wish to know more about the work of the Network please contact Kevin Duff on 01792 326500 or [Kevin.duff@wales.nhs.uk](mailto:Kevin.duff@wales.nhs.uk)

## Focus on Neath Network



*Dr Andy Muir  
Network Clinical Lead*

*I have recently been appointed as the GP network lead for the Neath Network. This post was*

previously held by my GP partner Dr Heather Wilkes. She has made excellent progress in the setting up of the network and in helping to implement several new projects in the Neath Network area. I hope to be able to continue help progress the work that Dr Wilkes has begun.

In these times of financial austerity for health services it is vital that GPs are given a voice in the planning of new services. The aim of the network is to

bring efficient services as close to patients' homes as is possible. GPs are well placed to advise on the best ways of achieving these aims. A great deal of work has already gone into the planning of new services and I hope to be able to help GPs become more involved in this process.

I would like to thank Dr Wilkes for her contribution to the network and I hope to be able to continue her good work.

## 3rd Sector Engagement

*Neath Network GP leads met on the 7th of February 2012 with representatives from several 3rd Sector agencies including Care and Repair, British Red Cross, Age Concern NPT, Age Cymru and NPT Carers Service, which all provide services to older people in Neath Port Talbot. This meeting was facilitated by Neath Community Network member Tina Williams, the Building Stronger Bridges co-ordinator for NPT CVS.*

Presentations demonstrated the variety and breadth of services offered by these organisations. These include the Healthy Home Checks offered by Care and Repair to identify the need for repairs, maintenance, or adaptations to prevent accidents or the worsening of existing health

conditions; the Home from hospital discharge scheme offered by the British Red Cross which provides emotional and practical support for a period of up to six weeks immediately after discharge; the 'Promoting Independence through Neighbourliness' project recently launched by Age Concern NPT to help isolated older people regain and maintain their confidence, self esteem and well-being; a new 'Safeguarding older people Regional Independent Advocacy Service' which provides instructed advocacy for anyone over the age of 50 who is living in the Swansea, Bridgend and Neath Port Talbot areas to help them understand their rights and to make decisions that are best for them; and NPT Carers

Centre which provides Outreach services and information stands, Home visits to assist carers or to listen to any concerns or issues a carer may have, social activities such as coffee mornings for carers, and information and advice for carers.

Andy Griffiths, Planning lead for Neath Network said, 'The Health Board recognises the invaluable contribution and the variety of services offered by the third sector to enhance the health and wellbeing of our communities. The network wants to increase the knowledge and understanding of members of what is available, how these can complement what is offered by public services and to strengthen partnership working between the network and the 3rd sector.'

## Proposal for new Primary Care Centre at Briton Ferry

*The Health Board is carrying out public engagement from the 19th March to the 27th April, on a proposal to develop a new and modern primary care health centre at Briton Ferry.*

The plan is to transfer the services of the two GP practices and

ABMU Community Nursing at Briton Ferry Health Centre into the new development. The current premises are now too small and unable to cater for the extra demand. The new premises will increase the capacity to offer a wider range of high quality ser-

vices for patients.

The Health Board would like to get your views on this proposal and have issued a discussion document which is available at <http://www.wales.nhs.uk/sitesplus/863/news/22253>



# Afan Community Is Networking



*Sanjay Chalissery  
Network Clinical  
Lead*

*Challenging health inequalities can have an impact on the quality of life, wellbeing and spirit of communities such as those in the Upper Afan Valley. Current approaches to health improvement have not*

had the anticipated impact on health inequalities and whilst life expectancy rates are increasing within our communities, they are rising faster for the affluent rather than the more deprived, and so the gap between them is getting wider.

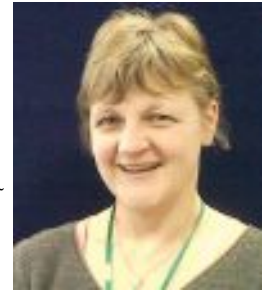
In response to this challenge the Afan Community Network is teaming up with the co-terminous Afan Valley Wellbeing Group, managed by Public Health, and with the support of a partnership group, finding

a way to establish an environment for effective and integrated services for the local population. In an endeavour to recognise existing resources and identify present day needs of the community a partnership engagement event is being held in May in the Afan Valley to initiate a Wellbeing Group, the function of which will be to ensure vital communication and identification of the local needs and priorities.

The *World Café* style workshop will encourage creative thinking and promote partnership working between agencies, organisations and individuals serving the area, empowering the local community to take action for the betterment of their health and wellbeing. The event will take an asset based approach to encourage co-responsibility and raise aspirations for good health and wellbeing on the basis of local knowledge.

On another note, the Afan Commu-

nity Network core group continues to undertake service improvements; Dr Sanjay Chalissery is pleased to announce the launch of a new DVT Pathway approved by all col-



*Kryisia Groves  
Network Planning  
Lead*

leagues across the Locality. The pathway has been agreed following discussion and negotiations with community, primary and secondary care colleagues including the CIIS Team, GPs, Phlebotomy and Local Accident Centre staff. The new pathway results in a simpler and more streamlined referral system, addresses issues previously experienced around out of hours scenarios and prevents unnecessary journeys for patients.

# Afan Going Green

*Neath Port Talbot National Exercise Referral Scheme (formerly known as PACE) continues to provide high quality exercise provision throughout the locality targeting the inactive/sedentary population.*

There are currently around 200 clients, who have been referred by their GPs and health professionals to NERS, exercising in local NPT leisure centres and community halls. Clients exercise twice a week with a professional instructor with the aim of increasing their activity levels and making some fundamental and sustainable changes to their lifestyles. During this period of lifestyle adjustments the team offers healthy eating education sessions commissioned by the Welsh Government, and based on current evidence based guidelines. Participation in the scheme also opens the doorway to choices and options for continued healthier living after completion of the Exercise Referral

Scheme programme.

With such continuity in mind and in order to take advantage of the natural environment in the Afan Valley area the NPT NERS team are in the process of forging links with



*Nordic walking in the Afan Valley*

Coed Lleol, a partnership project hosted by the Smallwoods Association. It has a steering group of representatives from the Forestry Commission Wales, the Countryside Council for Wales, the Woodland Trust, the Wildlife Trusts, Tir Coed, the Health Service in Wales, and representatives of community

woodland groups and self employed foresters.

Utilising the wonderful woodlands and open spaces Afan Valley offers, provides an abundance of opportunities with health benefits – such as orienteering, bush craft, wood-working, as well as Nordic walking and using the natural environment as an outdoor gym. This new partnership approach to treating a variety of mental and physical illnesses is based on the green environment's ability to improve health and wellbeing by reducing stress and providing opportunities for exercise and in this way people are encouraged to revisit, and continue to be involved in, the woodland after the end of their exercise programme.

The scheme is currently operating successfully in collaboration with NERS in Aberystwyth and Treherbert; in view of our local surroundings the scheme is well suited to operation in the Afan Network.

# Community Resource Service



*Andy Griffiths  
Integrated Community Services  
Manager*

When Welsh Government in 2010 published 'Setting the Direction' the Primary and Community Services Strategic Delivery Programme they stated the clear aim to create an integrated system of community service that would '...act as the bridge between primary care and the acute hospital'

This integrated system broadly consists of the 'Community Network' and the 'Community Resource Team'. It was envisaged that both of these would be delivered by services in the NHS, the Local Authority and other partners working together. It is envisaged that the Community Resource Team will provide enhanced services for patients in high risk groups to prevent episodes of unscheduled care and to support earlier discharge from hospital.

Within Neath Port Talbot, ABMU and NPT Local Authority have agreed a partnership approach to the development of a Community Resource Service (CRS). This is an ambitious plan that will bring together a range of services from ABMU, the NPT Local Authority and some of our 3<sup>rd</sup> sector providers.

Andy Griffiths, Neath Port Talbot Locality Integrated Services

Manager said, 'We have developed an outline plan that aims to have the Community Resource Service fully operational within one year. We have identified a number of services that we consider will be a part of the CRS and will be working with the service users, stakeholders and the staff within those services to streamline the ways in which they work.'

For some of our services this may mean services joining together and for some it will mean creating patient pathways to ensure swift access to direct service provision, rather than having to go through extend referral and assessment processes.

Phase one of our plan has been the joining together of the Community Integrated Intermediate Care Service (CIIS) and the Homecare Enablement and Assessment Team (HEAT). Both of these teams provide a 'Reablement' service, though both have different assessment, access and referral criteria. Our aim in bringing these services together is to close the 'gap' that exists between them and ensure that people who need 'reablement' are able to get it as swiftly as possible.

The development of the CRS is not however, simply the merging of services. We are actively working on changing the ways in which patients 'get into' services. We are removing as much of the bureaucracy as possible and therefore speeding up our response times and increasing our capacity to provide services.

We are about to Pilot a new way of working in an integrated manner referred to as 'The In-

take Model'. This model provides a single point of access into the CRS for a wider range of both health and social care services, therefore ensuring that the right service is available to the patient at the right time without the need for multiple referrals and assessments. Claire Marchant, Head of Community Care and Housing Services said, 'These are exciting times for both the Health Board and the Local Authority. We are moving



*Claire Marchant  
Head of Community Care and  
Housing Services*

forward together to integrate services to better meet the needs of our local population and the re-modelling of intermediate care services is aimed at providing a seamless service for our residents.'

## Carers Measure

The Health Board is working with the Local Authorities and Voluntary Sector in the ABMU Health Board area to develop a Carers Strategy setting out how information and guidance will be provided to carers that will assist them in carrying out their caring role effectively; and how carers will be consulted and involved in decisions affecting them and those they care for.

Please contact us if you have any views comments or suggestions . We would love to hear from you.



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## Maintaining Functioning and Wellbeing in Later Life: A Cohort Study.

By Interviewing 5000 people across Wales (2500 in NPT), this study will provide more up-to-date information regarding ageing and older people, placing the individual in the context of their social relationships and of the wider communities in which they live. It will help governments and councils to plan more effectively for the future, and inform public awareness of the bigger picture of growing older today, drawing attention to possible ways of reducing risk factors and of developing resilience in the face of adversity.

For further details please contact Dr Paul Nash by phone (01792 602906) or email [p.nash@swansea.ac.uk](mailto:p.nash@swansea.ac.uk)

Alternatively you can view additional information on our website: <http://cfaswales.bangor.ac.uk/>

## Community Networks Indicative Budgets

*Community Networks will be provided with indicative budget information to detail the Health Board resources allocated and deployed in each network area. The information will include value, staff headcount and whole time equivalents (wte).*



Pete Hopgood  
Locality Head of Finance

The plan for Indicative budgets is to roll them out across the Community Networks on a staged basis with Neath Network being used as the first area to pilot and test the information to be provided. The indicative budget information will be provided on a quarterly basis and will include agreed and relevant actual budget, expenditure and position to date (performance against budget) information. In the first instance the information will be provided (on a Network Basis) to include:

- ◆ District Nursing
- ◆ Health Visiting
- ◆ Network Management Costs

The budgets will continue to be managed via the Health Board ledger and reporting system (in the current format) with the indicative budget and position calculated for each Network, this information will enable the Networks to understand the level of resources (£ and wte) being used in their own areas and will enable them to influence and make decisions to ensure most appropriate use and changes if appropriate.

Indicative Budgets will in effect detail the share of resource allocated to the Network. The plan will be to increase the level of information provided as the use of indicative information increases.